

**Massachusetts Department of Public Health, Center for Environmental Health  
Pediatric Asthma Surveillance Form  
2003-2004 School Year**

Thank you for participating in the 2003-2004 Pediatric Asthma Surveillance Program! Please provide the following information for **K-8 students in your school building** that have **asthma of any type or severity** as indicated by parent, student, or health care provider communications, direct observation, emergency cards, or other reliable means. The school nurse should complete this form.

Below are some guidelines to aid you in successfully completing the surveillance form:

- Include students in grades **K-8 only**. *Do not include pre-K or high school students.*
- Provide information for one school only. *If you are responsible for students in another school, please complete a separate form for those students.*
- Answer questions for the *current school year, 2003-2004, only.*
- Please contact the pediatric asthma surveillance program with any questions (contact information listed below).
- Please *answer every question.*
- **Please return completed survey via email or fax by April 30, 2004 to:**

**Massachusetts Department of Public Health  
Center for Environmental Health  
Pediatric Asthma Surveillance Program  
FAX: (617) 624-5560, PHONE: (617) 624-5757  
EMAIL: [Ped.Asthma@dph.state.ma.us](mailto:Ped.Asthma@dph.state.ma.us)**

**Massachusetts Department of Public Health, Center for Environmental Health  
Pediatric Asthma Surveillance Form, 2003-2004**

1. Full Name of School <span style="float:right; border: 1px solid black; padding: 2px 10px;">  </span> <i>(office use only)</i>			3. City/Town <span style="float:right; border: 1px solid black; padding: 2px 10px;">  </span> <i>(office use only)</i>			5. Name of Person Completing Form		
2. Street Address of School			4. Phone Number			6. Email Address		
7. Is this school (select only one): <input type="checkbox"/> 1.) part of the local public school district <input type="checkbox"/> 2.) part of a regional public school district <input type="checkbox"/> 3.) a charter school <input type="checkbox"/> 4.) a nonpublic school				8. (If this is a public school) Which school district is this school a part of? <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> <i>(office use only)</i>				

  

<b>9. Number of K-8 Students With Asthma By Grade</b> • '0' = no students with asthma • 'NA' = not applicable, grade not present	<b>10. Number of K-8 Students with Asthma By Gender</b> • '0' = no students with asthma • 'NA' = not applicable, gender not present	<b>12. How else did the school nurse know these students had asthma? (check all that apply)</b>  <input type="checkbox"/> emergency cards <input type="checkbox"/> student communication <input type="checkbox"/> parent resource center <input type="checkbox"/> direct observation of asthma attack <input type="checkbox"/> parent communication <input type="checkbox"/> other (Explain: _____)
--	---	--

  

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">Grade</th> <th style="width:20%;">Number</th> <th style="width:20%;">Don't Know</th> </tr> <tr><td>Kindergarten</td><td></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Grade 1</td><td></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Grade 2</td><td></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Grade 3</td><td></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Grade 4</td><td></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Grade 5</td><td></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Grade 6</td><td></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Grade 7</td><td></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Grade 8</td><td></td><td align="center"><input type="checkbox"/></td></tr> <tr> <td><b>Total</b> (should equal total by gender)</td> <td></td> <td align="center"><input type="checkbox"/></td> </tr> </table>	Grade	Number	Don't Know	Kindergarten		<input type="checkbox"/>	Grade 1		<input type="checkbox"/>	Grade 2		<input type="checkbox"/>	Grade 3		<input type="checkbox"/>	Grade 4		<input type="checkbox"/>	Grade 5		<input type="checkbox"/>	Grade 6		<input type="checkbox"/>	Grade 7		<input type="checkbox"/>	Grade 8		<input type="checkbox"/>	<b>Total</b> (should equal total by gender)		<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">Gender</th> <th style="width:20%;">Number</th> <th style="width:20%;">Don't Know</th> </tr> <tr><td>Male</td><td></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Female</td><td></td><td align="center"><input type="checkbox"/></td></tr> <tr> <td><b>Total</b> (should equal total by grade)</td> <td></td> <td align="center"><input type="checkbox"/></td> </tr> </table>	Gender	Number	Don't Know	Male		<input type="checkbox"/>	Female		<input type="checkbox"/>	<b>Total</b> (should equal total by grade)		<input type="checkbox"/>	<b>13. Please estimate the number of students from item number 9 for which you have an <i>Asthma Action Plan</i> on file.</b>  Number: <span style="border: 1px solid black; display: inline-block; width: 80px; height: 30px; vertical-align: middle;"></span>
Grade	Number	Don't Know																																													
Kindergarten		<input type="checkbox"/>																																													
Grade 1		<input type="checkbox"/>																																													
Grade 2		<input type="checkbox"/>																																													
Grade 3		<input type="checkbox"/>																																													
Grade 4		<input type="checkbox"/>																																													
Grade 5		<input type="checkbox"/>																																													
Grade 6		<input type="checkbox"/>																																													
Grade 7		<input type="checkbox"/>																																													
Grade 8		<input type="checkbox"/>																																													
<b>Total</b> (should equal total by gender)		<input type="checkbox"/>																																													
Gender	Number	Don't Know																																													
Male		<input type="checkbox"/>																																													
Female		<input type="checkbox"/>																																													
<b>Total</b> (should equal total by grade)		<input type="checkbox"/>																																													
<b>11. Please estimate the number of students from item number 9 for which you have documentation of a <i>provider diagnosis</i> of asthma and/or <i>asthma medication orders</i>?</b>  Number: <span style="border: 1px solid black; display: inline-block; width: 80px; height: 30px; vertical-align: middle;"></span>		<b>14. How did you collect the data for this survey? (select only one)</b>  <input type="checkbox"/> 1.) computerized records <input type="checkbox"/> 3.) paper records <input type="checkbox"/> 2.) combination of computerized and paper records <input type="checkbox"/> 4.) other (Explain: _____)																																													

Please return by April 30<sup>th</sup>, 2004 to the MDPH Center for Environmental Health.  
 Phone: (617) 624-5560, Fax: (617) 624-5777, Email: [Ped.Asthma@dph.state.ma.us](mailto:Ped.Asthma@dph.state.ma.us).

Location Code: